



DATE: \_\_\_\_\_

## APPLICATION FOR CONDO PLAT APPROVAL

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PROPERTY OWNER IF DIFFERENT THAN ABOVE: \_\_\_\_\_

LOCATION OF PROPERTY YOU ARE REQUESTING TO BE REZONED (ATTACH MAP): \_\_\_\_\_

EXACT LEGAL DESCRIPTION OF PROPERTY:

LOT(S): \_\_\_\_\_

BLOCK(S): \_\_\_\_\_

ADDITION: \_\_\_\_\_

PARCEL NO(S): \_\_\_\_\_

CURRENT ZONING: \_\_\_\_\_

PROPOSED NUMBER OF CONDO UNITS (ATTACH CONDO PLAT): \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

NONREFUNDABLE FEE: \$200

RECEIPT # \_\_\_\_\_

TO CITY COUNCIL: \_\_\_\_\_

TO PLAN COMMISSION: \_\_\_\_\_

PUBLICATION DATES: \_\_\_\_\_